TUBERCULOSIS DRUG RECORD/DIRECTLY OBSERVED THERAPY (DOT)

NAME: ADDRE	SS·		BIRTHDATE: PHONE(HOME):(WORK):							
ADDRE					11101\text{\text{L(1101\text{\text{\text{11E}}}}.		(WORK)	•		
DATE:		DRUG:			BY:		n	ATE DC'D		
DATE:		DRUG:			BY:			ATE DC'D		
DATE:		DRUG:			BY:			ATE DC'D		
DATE:		DRUG:	BY:				DATE DC'D			
DATE:		DRUG:	BY:				DATE DC'D			
DATE:		DRUG:			BY:			ATE DC'D		
DATE:		DRUG:	BY:			DATE DC'D				
DATE:		DRUG:			BY:		D	ATE DC'D		
DATE: MED/DOSAGE VERIFIED BY:										
DATE:	ISONIAZID	RIFAMPIN	RIFAMATE	PYRAZINAMIDE	ETHAMBUTOL	PYRIDOXINE	NEXT DOSE	SIGNATURE	COMMENT	
									<u> </u>	
									_	

TB-1-16 DOT/

Date Ro	eviewed/C	Case Mana	ager
	/		